



Undergraduate / Graduate INTENT TO GRADUATE

To be completed by student: (Please print clearly.)

Name: _____ Student ID# - _____

Undergraduate Degree:

- | | |
|--|--|
| <input type="checkbox"/> BS, Biology, 3+2 | <input type="checkbox"/> BS, Biology, Biochemical Analysis |
| <input type="checkbox"/> AS, Arts & Sciences, Biology | <input type="checkbox"/> BS, Biology, Pre-Professional Human Medicine |
| <input type="checkbox"/> AS, Physical Therapist Assisting | <input type="checkbox"/> BS, Medical Laboratory Sciences |
| <input type="checkbox"/> AS, Radiologic Technology | <input type="checkbox"/> BS, Health Sciences, Biology |
| <input type="checkbox"/> BA, Liberal Studies, English | <input type="checkbox"/> BS, Health Service Administration |
| <input type="checkbox"/> BA, Psychology | <input type="checkbox"/> BS, Health Sciences, Psychology |
| <input type="checkbox"/> BS, Respiratory Therapy | <input type="checkbox"/> BS, Health Service Administration, Non-Clinical |
| <input type="checkbox"/> BA, Psychology with ABA Certificate | <input type="checkbox"/> BS, Nursing (RN-BSN) |
| <input type="checkbox"/> BA, Theology | <input type="checkbox"/> BS, Nursing (Pre-Licensure) |
| <input type="checkbox"/> BBA, Analytics | |
| <input type="checkbox"/> BBA, General Business | |
| <input type="checkbox"/> BBA, Health Administration | |
| <input type="checkbox"/> BBA, Management | |

Minors: (Require Baccalaureate Program)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Minor, Biology | <input type="checkbox"/> Minor, Ethics | <input type="checkbox"/> Minor, Psychology | <input type="checkbox"/> Minor, Anthropology |
| <input type="checkbox"/> Minor, Chemistry | <input type="checkbox"/> Minor, Health Service Administration | <input type="checkbox"/> Minor, Writing | <input type="checkbox"/> Minor, General Business Administration |
| <input type="checkbox"/> Minor, English | <input type="checkbox"/> Minor, Philosophy | <input type="checkbox"/> Minor, Nutrition | <input type="checkbox"/> Minor, Professional Communication |
| <input type="checkbox"/> Minor, Theology | | | |

Graduate Degree:

- | | |
|---|--|
| <input type="checkbox"/> MMS, Physician Assistant Studies | <input type="checkbox"/> MS, Nutritional Sciences (Dietetic Internship) |
| <input type="checkbox"/> MHA, Health Administration | <input type="checkbox"/> MS, Nutritional Sciences (Thesis) |
| <input type="checkbox"/> MS, Family Nurse Practitioner | <input type="checkbox"/> DNP-NA, Doctor of Nursing Practice – Nurse Anesthesia |
| <input type="checkbox"/> DPT, Doctor of Physical Therapy | |

- I requested a review of my academic record and verification that I am able to proceed to my last semester of my degree program and become a candidate for graduation.
- I have read and understand the General Requirements for Graduation listed in the current University catalog.
- I understand that I will be assessed a \$125 (undergrad)/\$150 (grad) graduation fee during my last semester of my degree/certificate program. I understand that, when notified, I must pay this fee in order to be considered a candidate for graduation and to receive my cap and gown, grades, diploma and official transcript.
- I understand I must submit a final official transcript if I am enrolled in a course(s) at another institution.

Anticipated Date of Graduation: Month _____ Year _____

Signature: _____ Date: _____

Note: Dual degree candidates must turn in a SEPARATE form for each degree — signed by an advisor for each program.

To be completed by Academic Advisor: Please review unofficial transcript with student and forward this form (plus any supporting documents) to the Registrar's Office.

- I have reviewed the progression of the student named above and verify that the student **IS ELIGIBLE** **IS NOT ELIGIBLE** to proceed to the last semester of the degree program and become a candidate for graduation.
- I have attached a copy of a preliminary audit and supporting documents (e.g. course substitutions, waivers, etc.)

Signature: _____ Date: _____

Comments: _____

University Residency Requirement: In general, a minimum of 30 semester hours for an associate degree and 54 semester hours for a baccalaureate degree as well as at least 50% of the semester hours required for a major must be completed at Franciscan Missionaries of Our Lady University to earn a Franciscan Missionaries of Our Lady University degree. The last 15 hours of an associate degree and the last 30 hours of a baccalaureate degree must be earned in residence at the university.

Exception: _____